

Name
in
Full

Andrew Arthur.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frizzellburg		County Carroll Co		MARYLAND	
Date of death 1905		Month April	Day 16	Years Age 90		Months 9	Days 4
Sex Male		Color or Race White		Birth- place Ireland			
Married, Single or Widowed Widower				Occupation Retired farmer			
Name of Wife or Husband Janet Davidson							
Father's Name Robert Arthur				Father's Birthplace Belfast, Ire.			
Mother's Maiden Name Agnes Taylor				Mother's Birthplace " "			
Name of person giving information Emily Arthur				How related to deceased Daughter-in-law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General Debility		How long 9 weeks	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Jacob Kirshart	
		Address Frizzellburg Md.	
Accident or Suicide?			



Name
in
Full

John Harry Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gamber</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Apr</i>	Day <i>14</i>	Age <i>2</i>	Years <i>2</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John William Barnes</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Carrie Parrels</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>J. W. Barnes</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 weeks</i>
Immediate <i>Septicemia</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. S. N. Grouck</i>
	Address <i>Gamber Md</i>
Accident or Suicide? <i>—</i>	

Psindena

Name
in
Full

John P. Benedict-
Town *near Lyone* County *Carroll*

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1905

Month

April

Day

4th.

Years

Age *75-*

Months

8

Days

21

Sex

Male

Color or
Race

White

Birth-
place

Waynesboro Pa.

Married, Single
or Widowed

Married

Occupation

Farmer

Name of Wife or
Husband

Lionnia Benedict-

Father's
Name

Peter Benedict-

Father's
Birthplace

Quincy Pa.

Mother's
Maiden Name

Mary Horn

Mother's
Birthplace

Pa.

Name of person giving
In formation

Mrs. Hollenberry

How related
to deceased

Daughter.

CAUSES OF DEATH

Primary

Pneumonia

How long

9 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

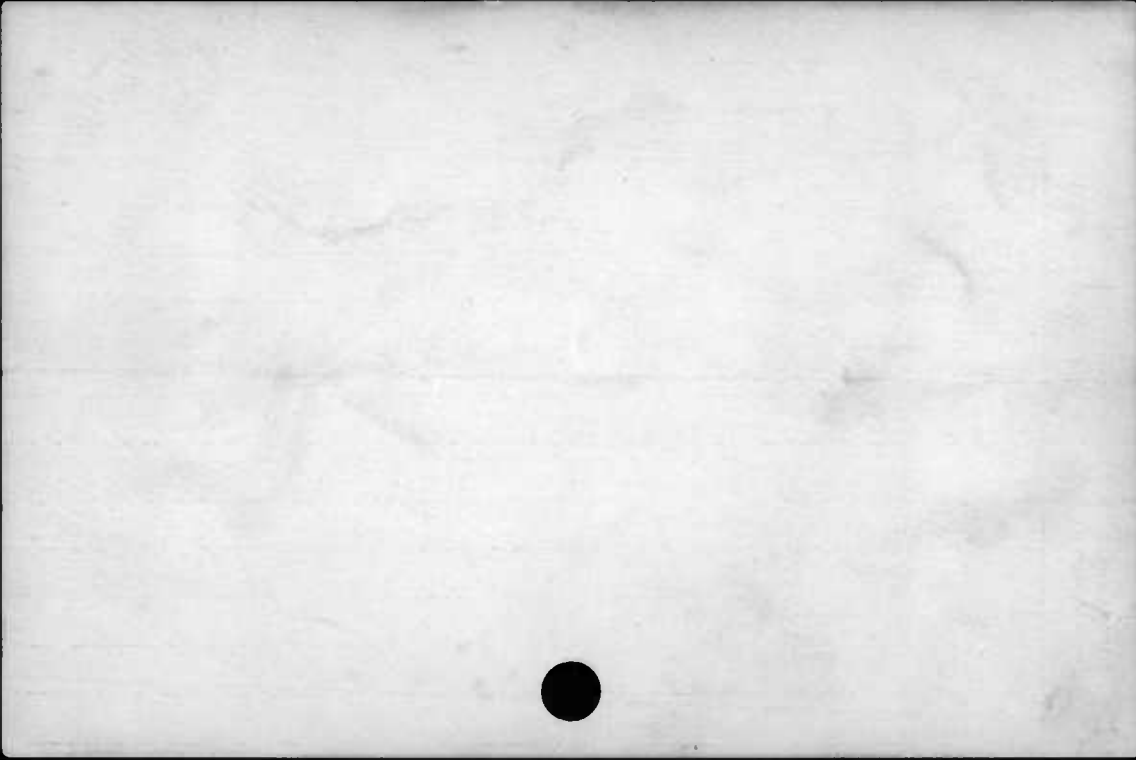
Address

Jacob Rinehart-
Frederick Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Manchester</i>		Town <i>Manchester</i>		County <i>Carroll</i>		MARYLAND					
Date of death <i>1905</i>		Month <i>April</i>		Day <i>18</i>		Age <i>77</i>		Months <i>6</i>		Days <i>25</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Bauchman, Md.</i>							
Occupation <i>House wife</i>				Where Residing if not at place of death <i>X</i>							
Married, Single or Widowed <i>X</i>				Name or Wife or Husband <i>Adam Bixler</i>							
Father's Name				Father's Birthplace <i>Germany</i>							
Mother's Maiden Name <i>Mathias</i>				Mother's Birthplace <i>ca</i>							
Name of person giving information <i>Son</i>				How related to deceased <i>-</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>embolism Liver</i>		How long <i>Three months</i>	
Immediate <i>Paralysis</i>		How long <i>13 Hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Preston M.D.</i>	
		Address <i>Manchester</i>	
Accident or Suicide? <i>X</i>			



Name
in
Full

Bobbs Edward F.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Marionville</u>		County <u>Barren</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>4</u>	Day <u>4</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u> Days <u>90</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>George E. Bobbs</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Lucia Sparr</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Geo. E. Bobbs</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Murder</u>	How long	<u>90 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. Frank Lucas MD</u>	
<u>yes</u>		Address <u>Spencer, Ind.</u>	
Accident or Suicide?			



Name
in
Full

Edward Garrison Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Warfieldsburg ^{County} Carroll

Date of death 1905 ^{Month} April ^{Day} 22 ^{Age} ^{Years} ^{Months} ^{Days} 18

Sex Male Color or Race White Birthplace Carroll Co

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed single Name of Wife or Husband

Father's Name Baxter Bowers

Father's Birthplace Carroll Co

Mother's Maiden Name Emma Wagoner

Mother's Birthplace Carroll Co

Name of person giving information Baxter Bowers

How related to deceased Father,

CAUSES OF DEATH

Primary Pneumonia

How long 2 days

Immediate Heart Failure

How long _____

Are the name, age, sex, color, date and place correctly given above?

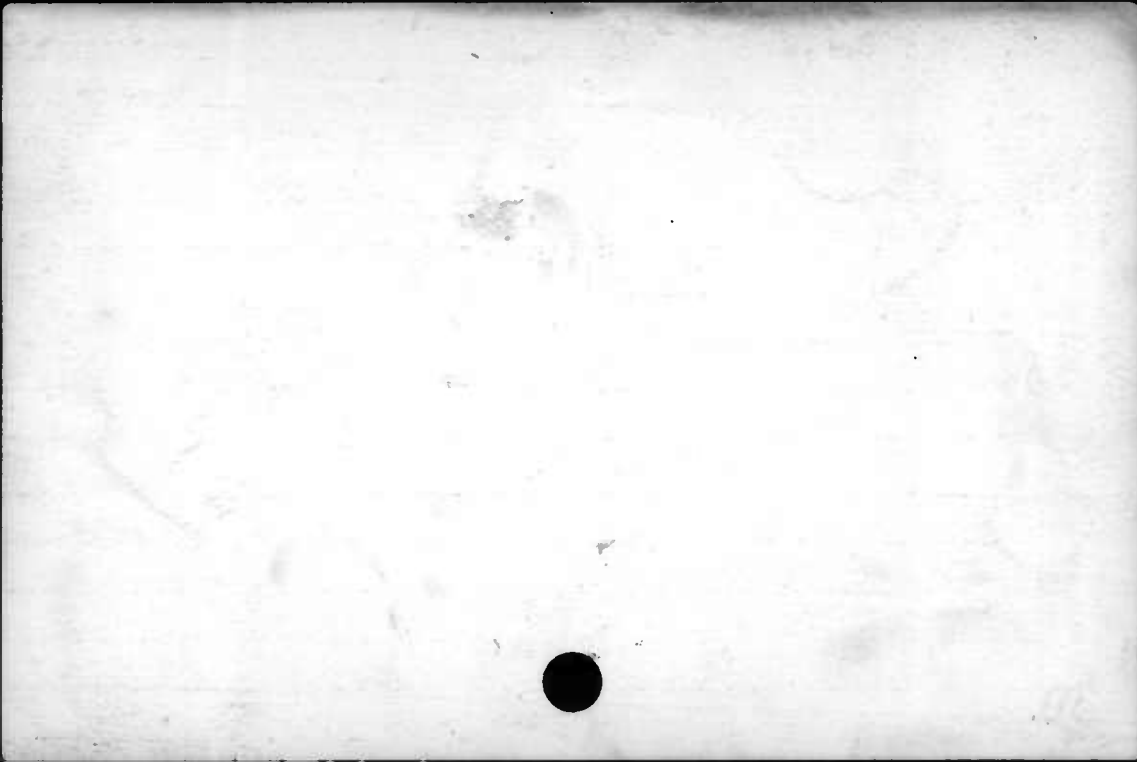
yes

Signature of Physician

Address

J. L. Boonman
Westminster

Accident or Suicide?



Name
in
Full

Samuel Bowen

CERTIFICATE OF DEATH

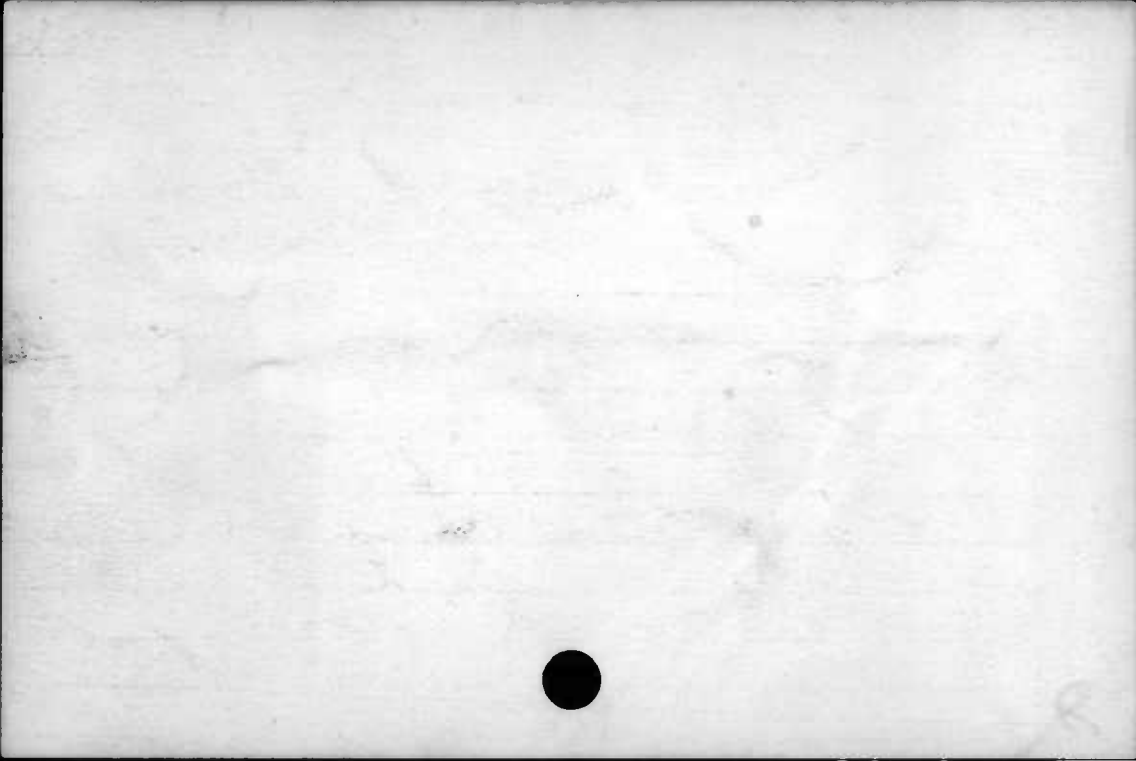
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Year}	<i>April</i> ^{Month}	<i>20</i> ^{Day}	Age <i>67</i> ^{Years}	<i>14</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Carroll Co. Md.</i>
Occupation	<i>none</i>		Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband	<i>Dead</i>		
Father's Name	<i>Samuel Bowen</i>			Father's Birthplace	<i>Carroll Co. Md.</i>
Mother's Maiden Name	<i>over known</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Mrs William Morgan</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cardiac Asthma Bronchitis</i>	How long	<i>about 3 or 4 days</i>
Immediate	<i>Paralysis - Exhaustion</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas R. Smith</i>
		Address	<i>Westminster, Md.</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

James Caltrider

CERTIFICATE OF DEATH

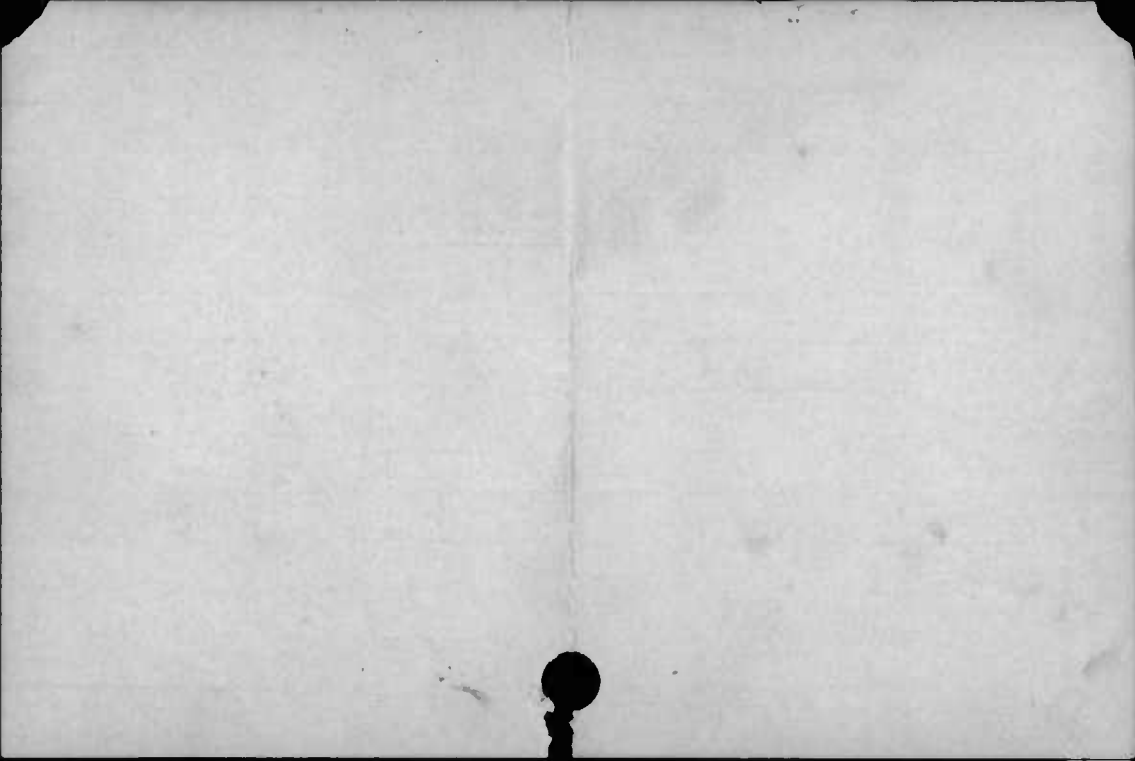
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greenmount</i> Town <i>Barroll</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>1</i>	Years <i>71</i>
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Barroll Co.</i>
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Greenmount</i>	
Married, Single or Widowed <i>Married</i>	Name or Wife or Husband <i>Susan Caltrider</i>		
Father's Name <i>Joshua Caltrider</i>	Father's Birthplace <i>Barroll Co.</i>		
Mother's Maiden Name <i>Rosie Caltrider</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Charles W. Tipton</i>	How related to deceased <i>not related</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>See you</i>
Immediate <i>Pleurisy</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Reed</i>
	Address <i>Manchester</i>
Accident or Suicide?	



Name
in
Full

Mary C Crouse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190	5 th April	18	Age 75	4	Months 22
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>married</i>		Occupation _____			
Name of Wife or Husband <i>William A. Crouse</i>					
Father's Name <i>Isaac Berling</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Elizabeth Cole</i>		Mother's Birthplace <i>do</i>			
Name of person giving information <i>Wm A. Crouse</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Hepatitis</i>	How long <i>17</i> 6 yrs
Immediate <i>Heart Trouble</i>	How long <i>3</i> yrs
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm D Wells</i>
	Address <i>Westminster</i>
Accident or Suicide?	

Festumina Constant

Name
in
Full

CERTIFICATE OF DEATH

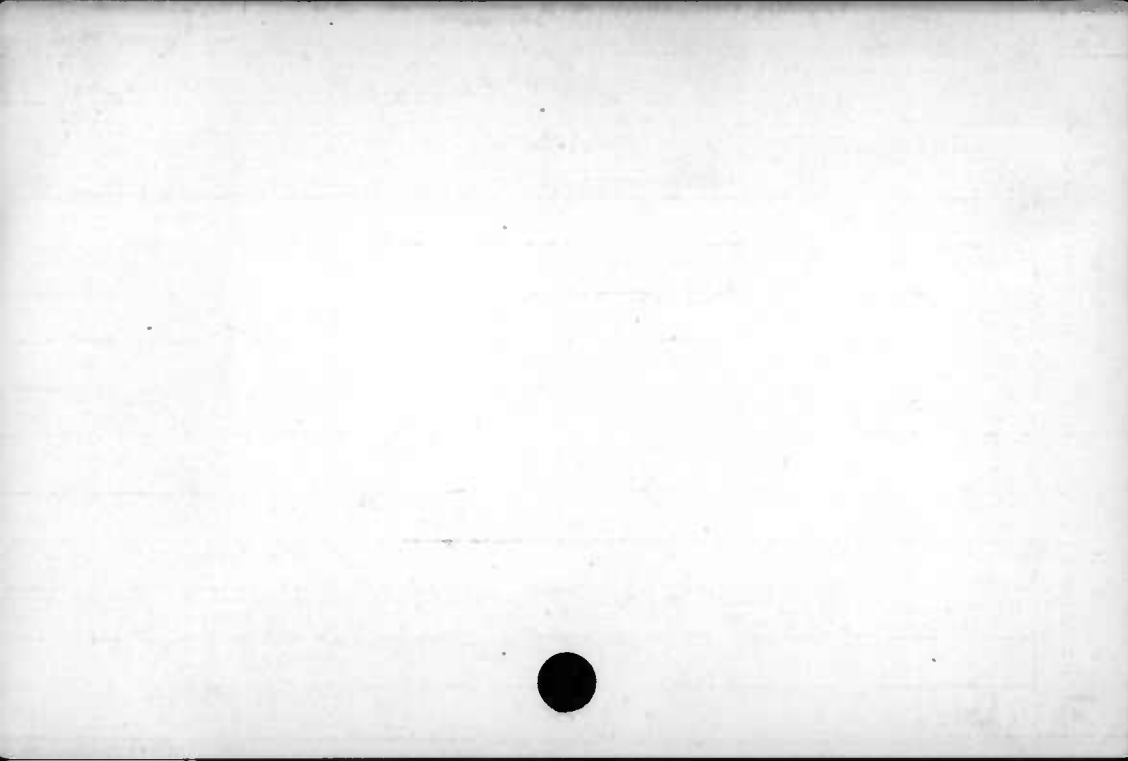
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full William Rufus Curry		Town Sumo Creek		County Barroll		MARYLAND			
Died at Sumo Creek		Date of death 1905 April 23		Age 80		Months 4		Days 13	
Sex Male		Color or Race W.		Birth-place md					
Occupation		Where Residing if not at place of death Sumo Creek							
Married, Single or Widowed Married		Name of Wife or Husband Elezabeth E. Curry							
Father's Name Jerriam Curry		Father's Birthplace md							
Mother's Maiden Name Sarah Williams		Mother's Birthplace md							
Name of person giving information R. L. Myers		How related to deceased no							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Swelling	How long 42
Immediate Gangrene of both feet	How long one week
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Est. Brown M.D.
	Address New Windsor Maryland
Accident or Suicide?	



Name in Full

Certificate of Death

Myrtle Ray Elsewood

Town

County

MARYLAND

Died at

Annickville

Carroll

Month Day

Y. M. D.

Native of

Occupation

Date 1895-

April 21

Age

5 months 26 d

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Constant Elsewood

Mother's

Name

J. M. Elsewood

Cause of

Primary

How long sick

Death

Immediate

supposed heart failure

Accident, Suicide, Homicide

Reported by

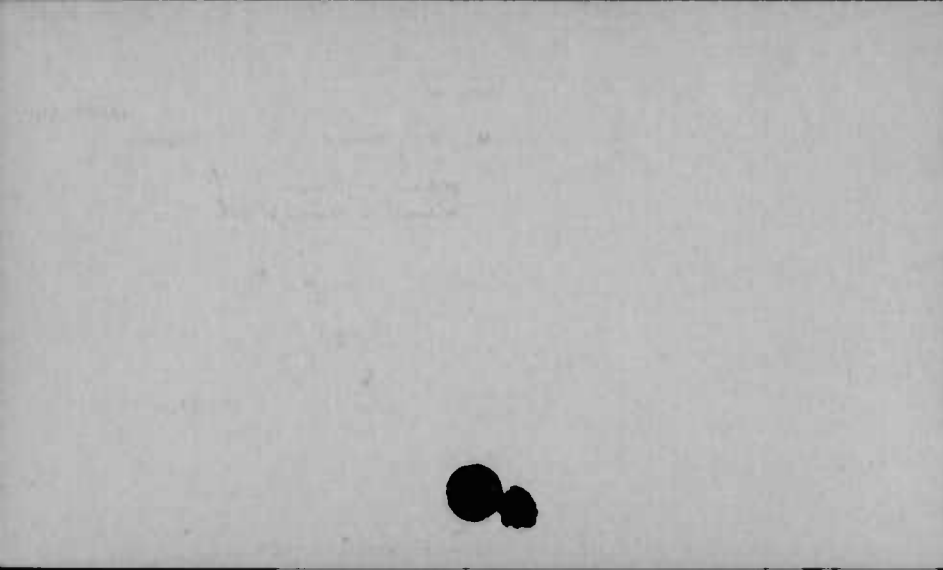
R. C. Wells M. D.

Address

Hampstead In. d

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55368



Name
in
Full

[Miss] Agnes Ann Gilbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Uniontown</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u> ^{Month}	<u>April</u> ^{Day}	<u>4th</u> ^{Years}	Age <u>59</u>	Months <u>2</u>	Days <u>3</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
Married, Single or Widowed <u>Unmarried</u>		Occupation <u>Dressmaker</u>			
Name of Wife or Husband					
Father's Name <u>James Gilbert</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Differbaugh</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>Martha Williams</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of Lungs</u>	How long <u>1 Year</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Lester Kemp</u>
	Address <u>Uniontown Md.</u>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Morgan

County

Carroll

MARYLAND

Date

of death 1905

Month

4

Day

15

Age

Years

54

Months

4

Days

2

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Carpenter

Where Residing if not
at place of death

Morgan

Married, Single
or Widowed

Married

Name of Wife or
Husband

Susan E. Gressell

Father's
Name

Maylin Grimm

Father's
Birthplace

Md

Mother's
Maiden NameMother's
Birthplace

i

Name of person giving
information

Susan E. Grimm

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Struck by Locomotive

How long

Immediate

Contusion of lungs

How long

9 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. D. Crunk

Address

Winfield Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full

Certificate of Death

No. 113

Wm Franklin Haines

Town

County

Died at

Union Bridge Carroll

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1905	4	30	40	-	-	Carroll Co	Painter
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living		4	

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

8 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

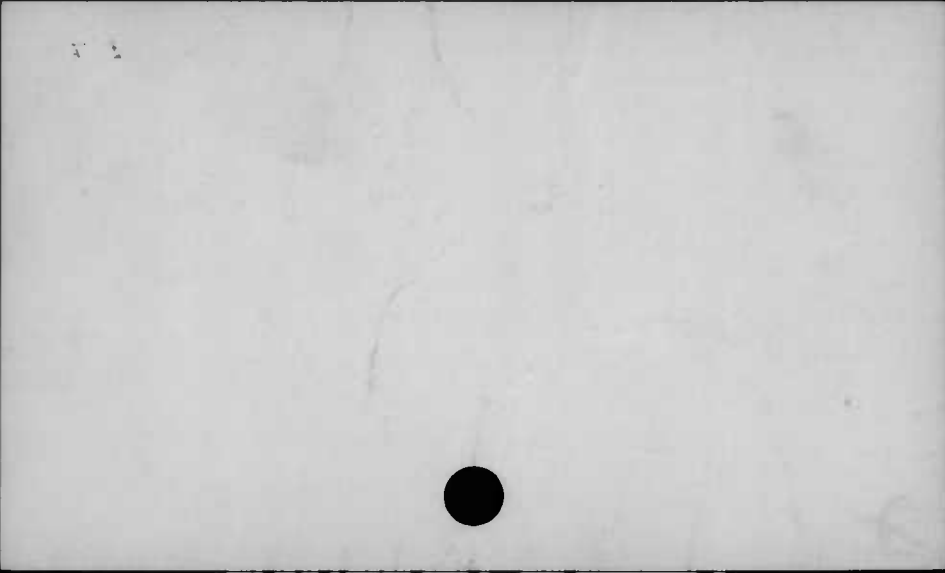
H. Lurbin Brown M. H.

Address

Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *New Paltz* ^{Town}

Harner ^{County}
Carroll

Date of death *1905* ^{Month} *4* ^{Day} *26* ^{Years} *—* ^{Months} *—* ^{Days} *4*

Sex *male* Color or Race *white* Birthplace *—*

Occupation *Infant* ^{Where born} *—* ^{Place of birth} *—*

Married, Single or Widowed *—* Name of ^{Husband} *—*

Father's Name *Charles Harner* Father's Birthplace *Carroll Co. Md.*

Mother's Maiden Name *Att. (11)* Mother's Birthplace *Ind. Co. Md.*

Name of person giving information *Father* How related to deceased *—*

CAUSES OF DEATH

Primary *Constitutional Weakness* How long *—*

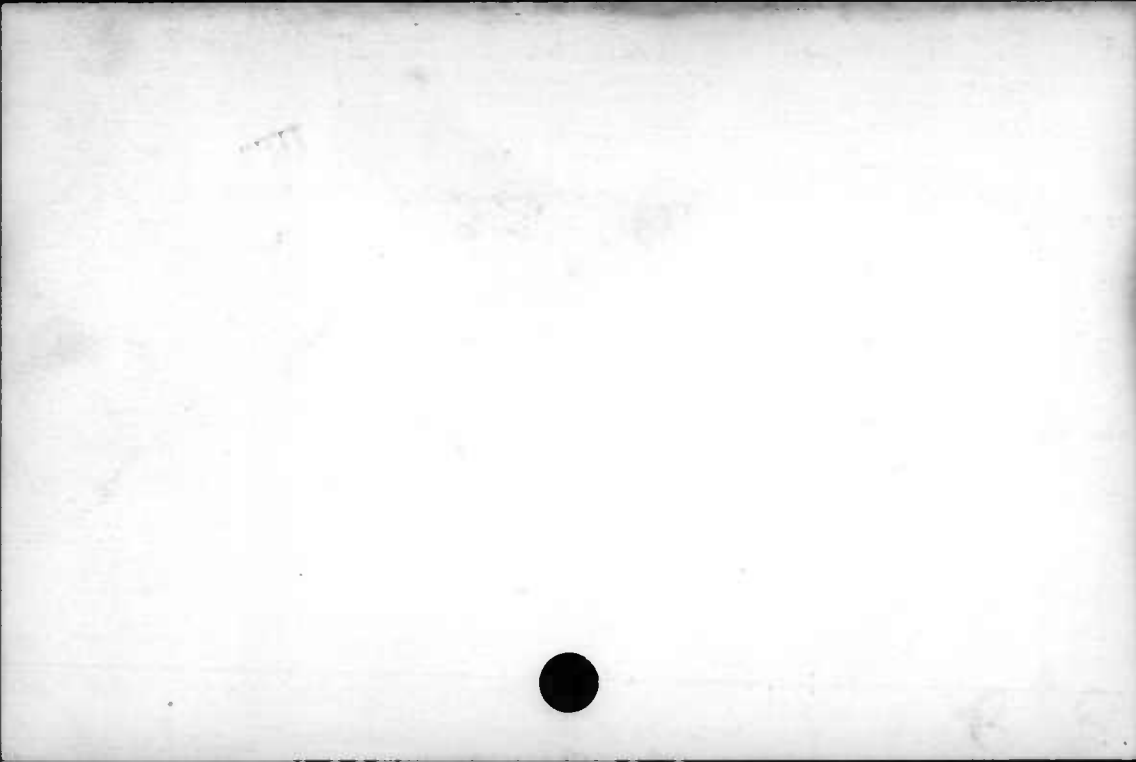
Immediate *Inanition* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *F. H. Davis*
Address *Paltz, Md.*

Accident or Suicide? *—*

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Harris

Town

County

Died at

Cranberry

Carroll

MARYLAND

Date

1905-

Month / Day

April 11

Y. M. D.

Age 2 hours

Native of

Maryland

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Wm Harris

Mother's
Name

Virginia Youngling

Cause of

Primary

being a Prolapsed Uterus

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. H. Sherman M.D.

Address

Windsor

Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

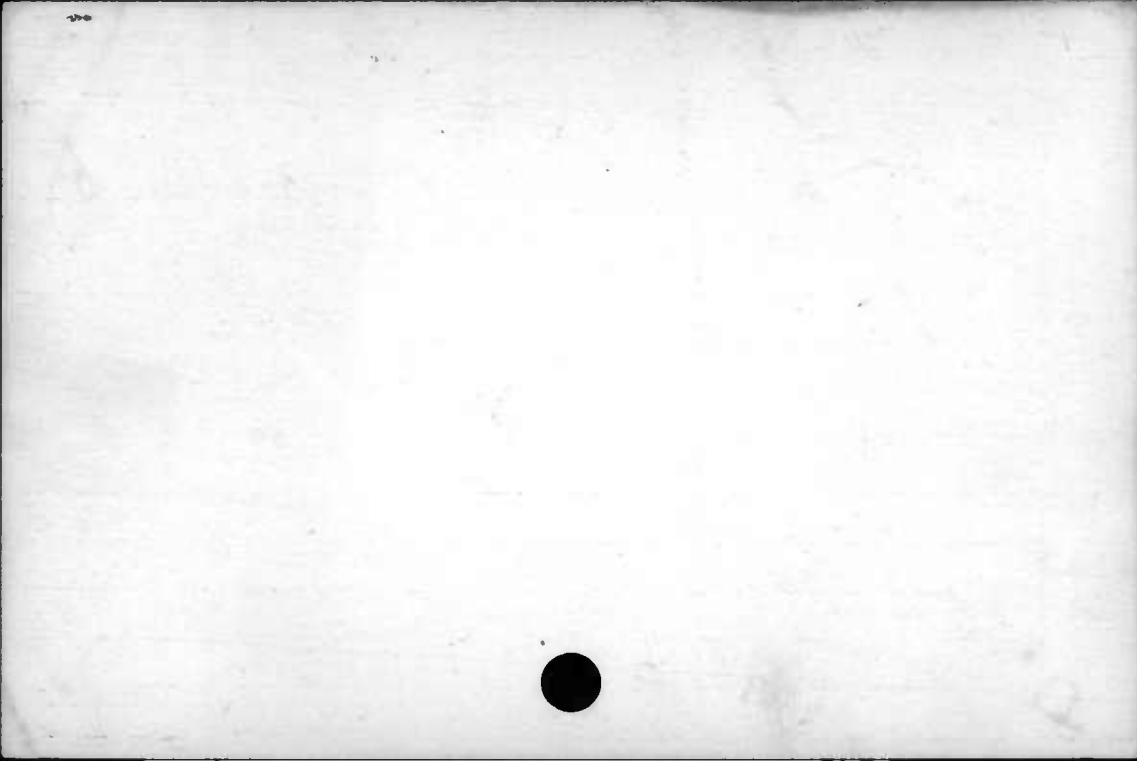
MARYLAND

Died at <i>Westminster</i>		Town <i>Carroll</i>		County	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>16</i>	Age <i>65</i>	Years <i>3</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Carroll Co. Md</i>			
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah. b. Jones</i>				
Father's Name <i>don't know</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Sarah. b. Jones</i>	How related to deceased <i>Wife</i>				<i>1106</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Catarrh of Bowels</i>	How long <i>4 or 5 mos.</i>
Immediate <i>Inanition Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. R. Foutz</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

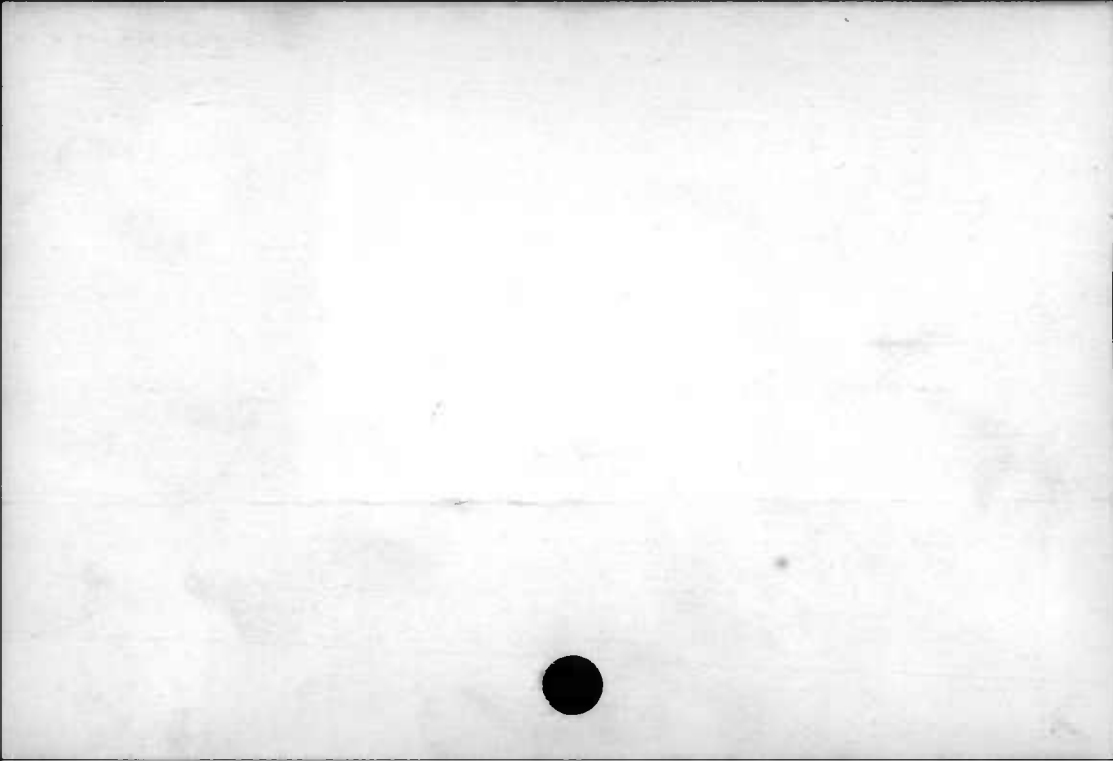
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Frittsburg</i>		Town <i>Frittsburg</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>April</i>	Day <i>29</i>	Age <i>70</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>				
Occupation <i>House wife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Jacob W. Knight</i>						
Father's Name <i>Lewis Smith</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information <i>Lewis Knight</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Yellow Atrophy of liver</i>	How long <i>6 weeks</i>
Immediate <i>Septicemia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. S. N. Gorman</i>
	Address <i>Hammer</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Mary Jane Long

CERTIFICATE OF DEATH

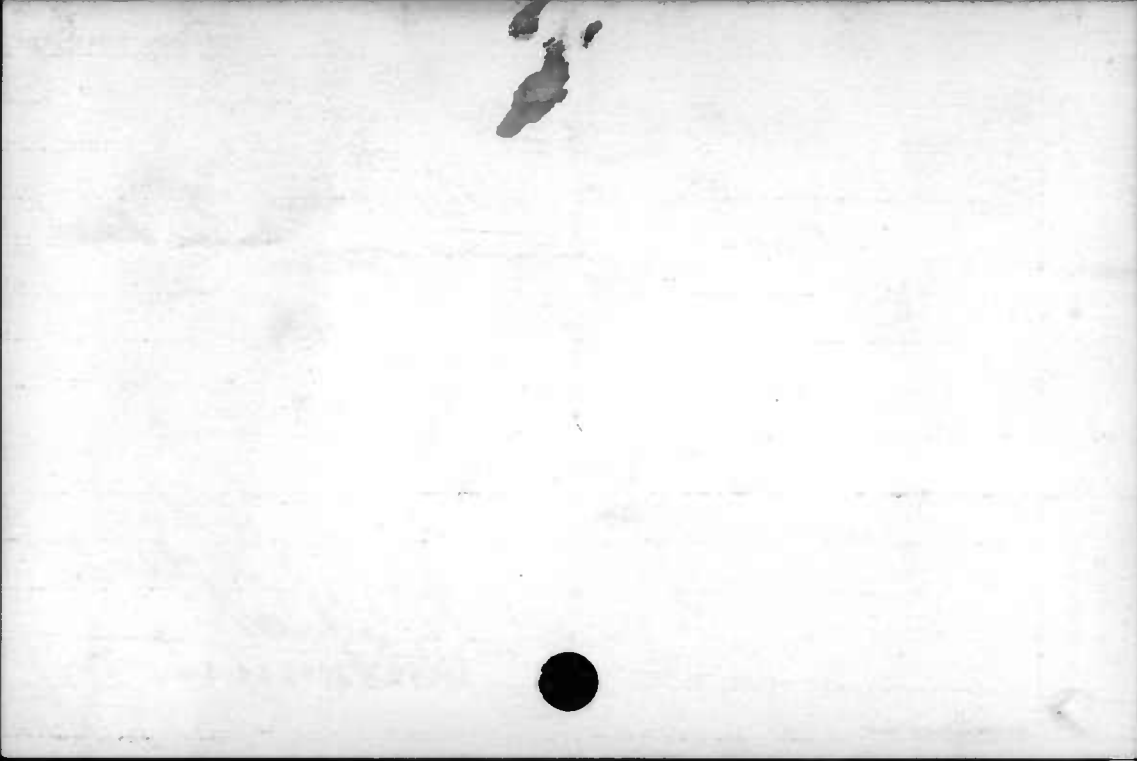
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Sykesville</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>4th</i>	Day <i>8th</i>	Years <i>Over 73</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Miss Betti Clayton</i>		How related to deceased <i>Niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>About 5 years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield State Hospital</i>
	<i>Sykesville, Carroll Co. Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

Nicholas Lowe

CERTIFICATE OF DEATH

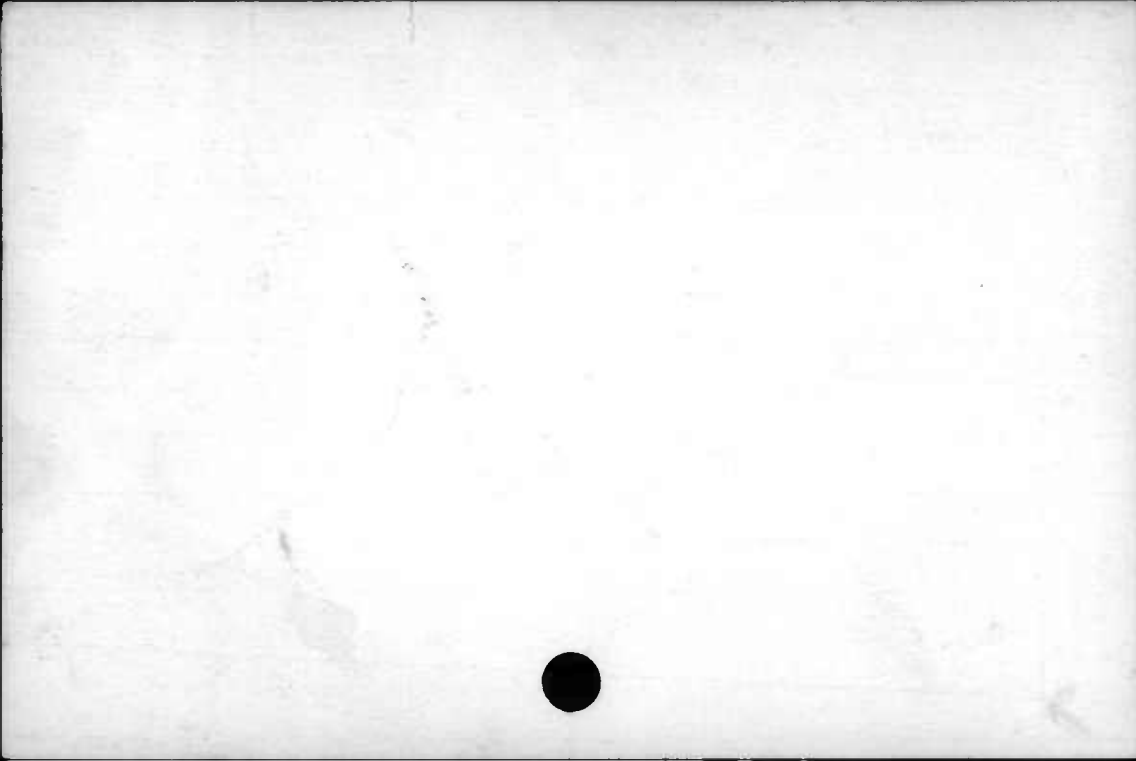
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mexico</i> Town		County <i>Canale</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>April</i>	Day <i>1</i>	Age <i>67</i>	Months <i>7</i> Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Canale Co</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Dead</i>			
Father's Name <i>Robert Brown</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Bud. Lowe</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Heart Failure</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. B. H.</i>
	Address <i>W. J. B. H.</i>
<u>Accident or Suicide?</u>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Winton Mitten*
near Westminster TownCounty
*Carroll*Date
of death *1905*Month
*April*Day
*17*Age
67 YearsMonths
*7*Days
*11*Sex
*Male*Color or
Race
*White*Birth-
place
*Carroll Co. Md*Occupation
*Retired*Where Residing if not
at place of deathMarried, Single
or Widowed
*Married*Name of Wife or
Husband
*Susan Warner*Father's
Name
*William Mitten*Father's
Birthplace
*Carroll Co. Md*Mother's
Maiden Name
*Susanna Warner*Mother's
Birthplace
*" " "*Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

*Cystitis, Congestion of Liver*How long
3 Weeks.

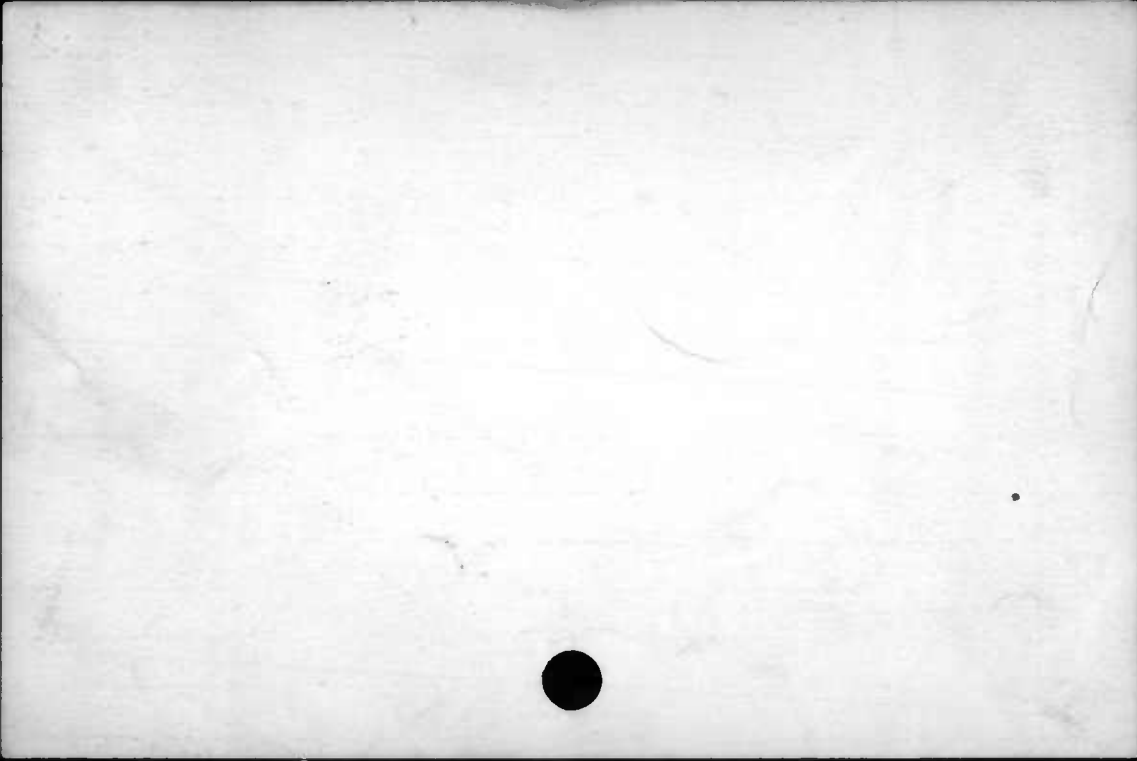
Immediate

*Exhaustive Heart Failure*How long
*36 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Chas. R. Foutz, M.D.*

Address

*Westminster
Md.*

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John W. Murry		Town Dams creek		County Barroll		State MARYLAND	
Died at		Date of death 1905		Month April		Day 18	
Sex Male		Color or Race White		Age 87		Months 8	
Occupation		Birth-place Ind		Days 6		Where Residing if not at place of death Dams creek	
Married, Single or Widowed Widowed		Name of Wife or Husband Anna Murry		Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace		Name of person giving information David E. Stem		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

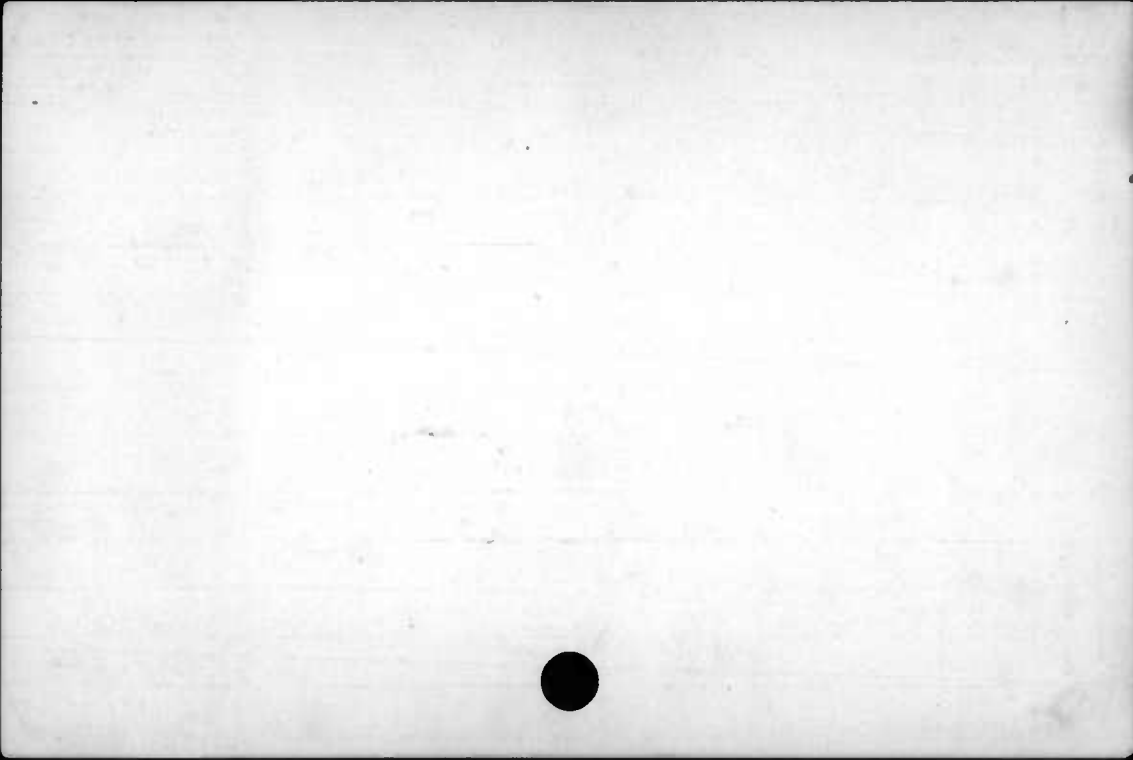
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

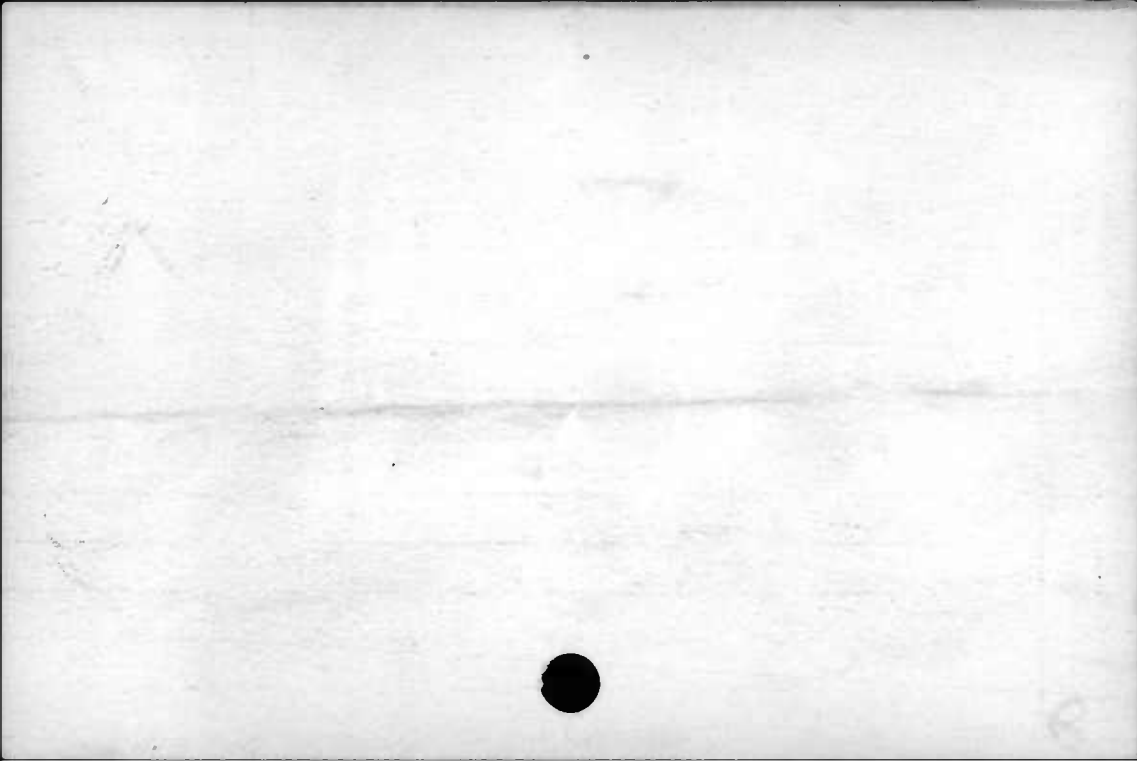
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Rutter</i>		Town <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Springfield Hospital</i>		Month <i>April</i>		Day <i>17</i>		Age <i>76</i>	
Date of death <i>1905 April 17</i>		Sex <i>m</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>Shoemaker</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>L. J. Rutter</i>					
Father's Name —						Father's Birthplace —	
Mother's Maiden Name —						Mother's Birthplace —	
Name of person giving information <i>Hospital records</i>						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile dementia</i>	How long <i>5</i>
Immediate <i>Mitral regurgitation</i>	How long <i>5</i>
Are the name, age, sex, color, date and place correctly given above? <i>To best of my knowledge</i>	Signature of Physician <i>Chas. J. Carey</i>
	Address <i>Sykesville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Westminster* Town *Carroll* CountyDate of death *1905* *April* *18* Months *1* Days *25* Age *62*Sex *Male* Color or Race *White* Birth-place *Pa*Occupation *Farmer* Where Residing if not at place of death _____Married, Single or Widowed *Married* Name of Wife or Husband *Mary de Crestwell*Father's Name *Henry Roberts* Father's Birthplace *Maryland*Mother's Maiden Name *Catherine West* Mother's Birthplace *do*Name of person giving information *Mary de Roberts* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Cerebral Thrombus* How long *4 weeks*Immediate *Paralysis Exhaustion* How long *8 days*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

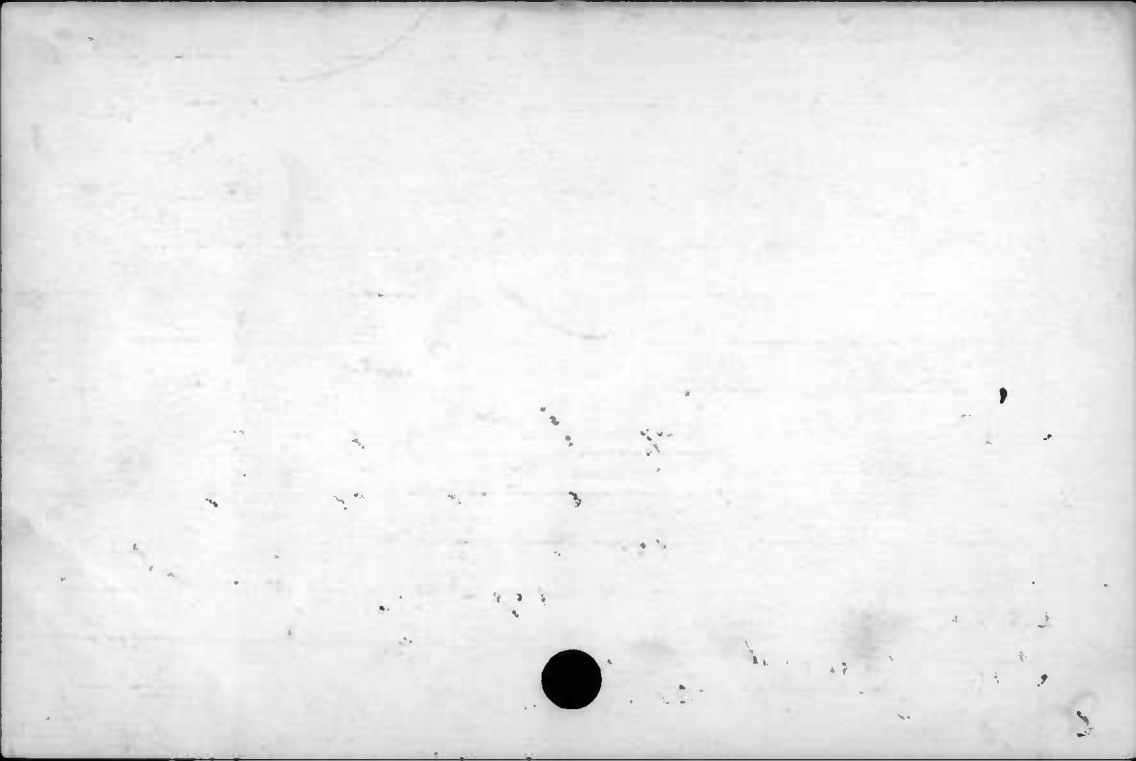
Address

Chas. R. Foutz,
Westminster,
Md.

Accident or Suicide?

Bethel Church

Samuel Craft



Name In Full

Certificate of Death

Wm Albertus Shearer

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1905-

April 24

Age

6 hours

Maryland

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm C Shearer

Mollie H Wilson

Improper closure of
fracture of ovale

150

J A Sherman M.D.

Manchester Carroll Co Md



Name
in
Full

CERTIFICATE OF DEATH

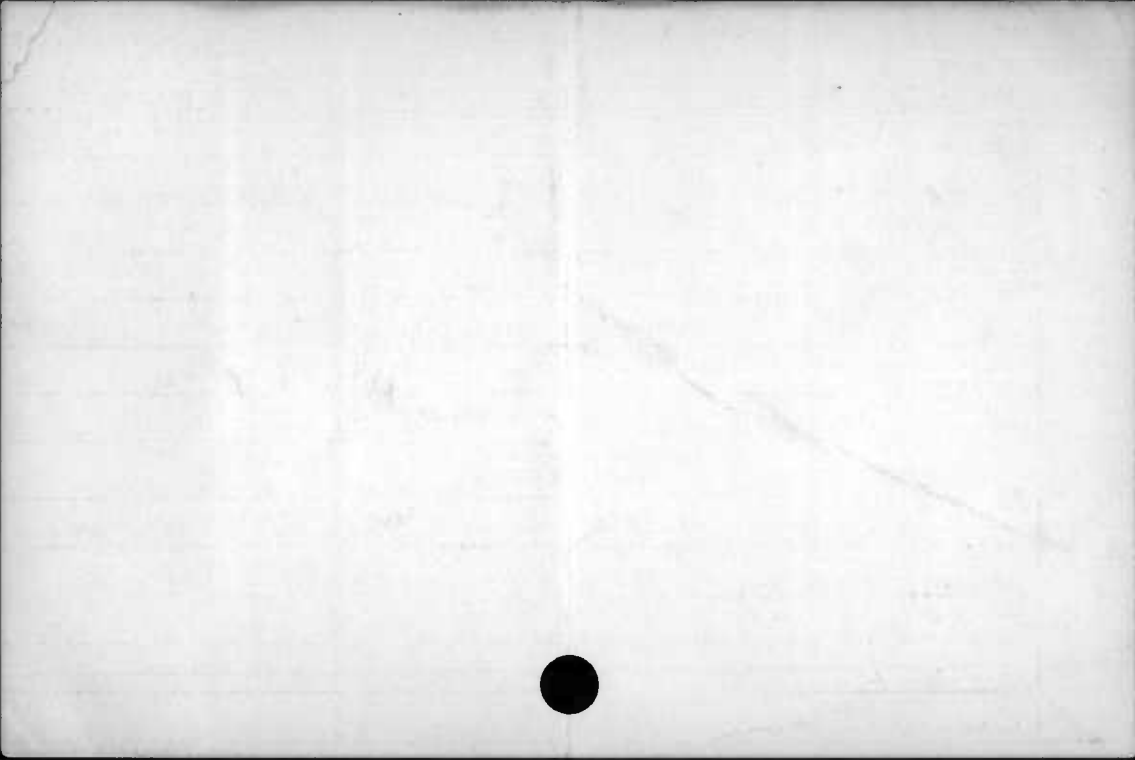
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hampstead</u> Town		<u>Canal</u> County		MARYLAND	
Date of death 190 <u>5</u>	Month <u>4</u>	Day <u>4</u>	Years <u>about 55</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Canal Co. Md.</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Laborer</u>				
Name of Wife or Husband <u>Mary Schultz</u>					
Father's Name <u>—</u>				Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>—</u>				Mother's Birthplace <u>—</u>	
Name of person giving information <u>John H. Leister</u>				How related to deceased <u>Nephew</u>	

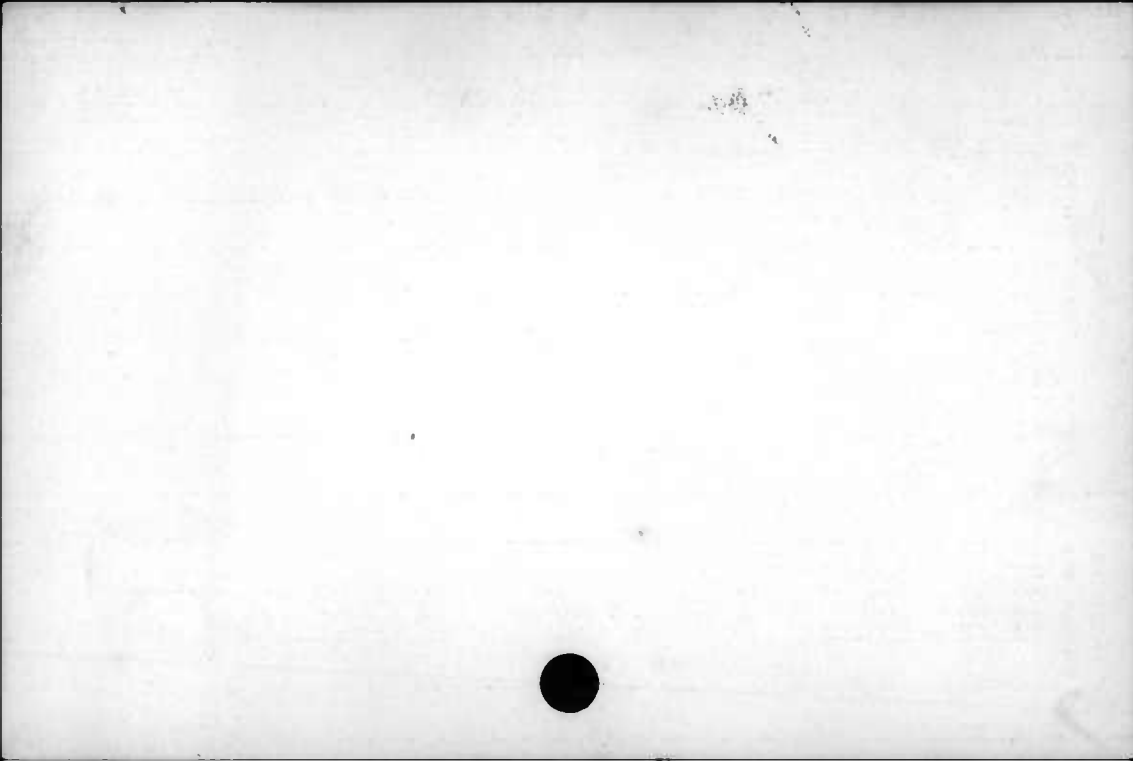
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>—</u>	How long <u>—</u>
Immediate <u>Heart failure</u>	How long <u>Found dead</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edgar M. Bush M.D.</u>
	Address <u>Hampstead, Md.</u>
Accident or Suicide? <u>—</u>	<u>Body found by Coroner H. H. Ammons</u>



Name in Full		Certificate of Death			
Rachel Ann. Smith		Died at <i>Uniontown</i>		County <i>Carroll</i>	
		State <i>Maryland</i>			
Date of death <i>1905</i>		Month <i>April</i>	Day <i>1</i>	Years <i>45-</i>	Months <i></i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation <i></i>		Where Residing if not at place of death <i>Antioch</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Peter Smith</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Margaret Row</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>John Graham</i>		How related to deceased <i>Brother in law</i>			
CAUSES OF DEATH					
Primary <i>Chilpang</i>		How long <i>20 years</i>			
Immediate <i>Spasms</i>		How long <i>5 days</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Glenn H. Hinton M.D.</i>			
		Address <i>New Windsor</i>			
Accident or Suicide? <i></i>					



Name in Full

Certificate of Death

Infant of Tyson Snowden

Town

County

Died at near Sykesville

Carroll

MARYLAND

Date 1905 April 11 Age Y. M. D. Native of Occupation

Male ~~White~~ Married Widower Divorced none

~~Female~~ Colored Single Number of children living

Husband of

Wife

Father's Name Tyson Snowden

Mother's Name Mary Mummer

Cause of Death { Primary Still born Immediate

How long sick 8

~~Accident, Suicide, Homicide~~

Reported by

M D Morris, MD

Address

Eldersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thomas H Spencer

CERTIFICATE OF DEATH

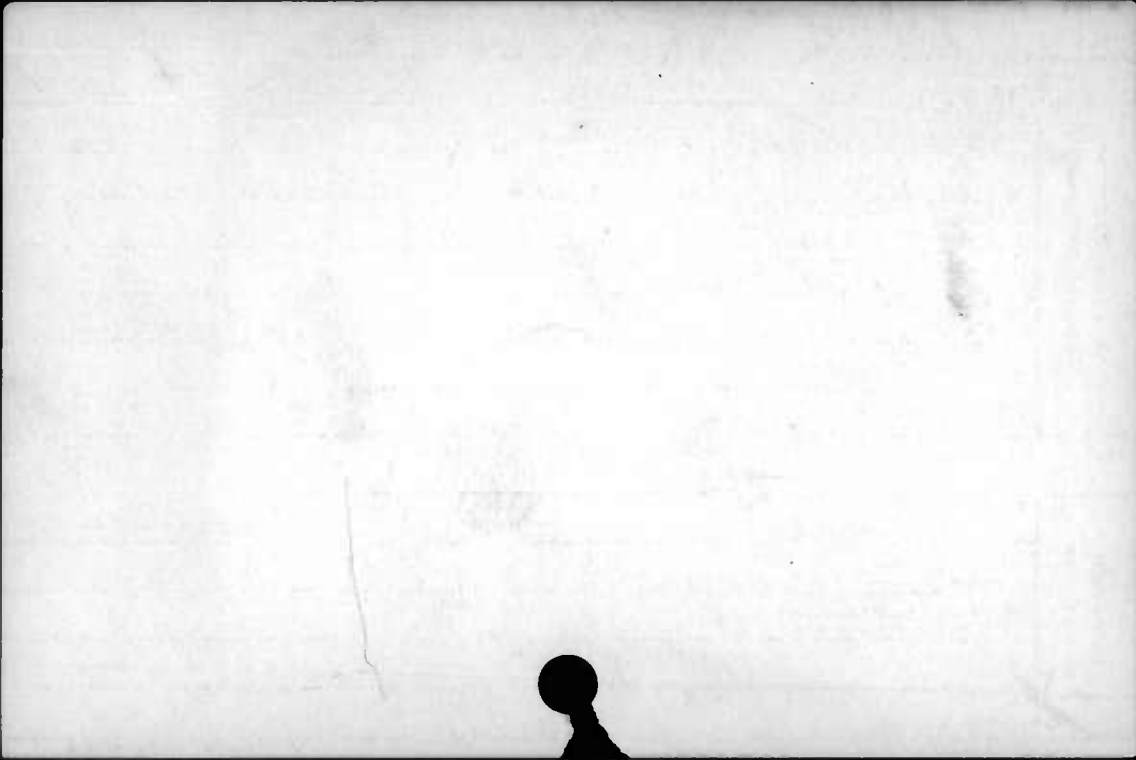
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Sandville		^{County} Carroll		MARYLAND	
Date of death 1905	^{Month} April	^{Day} 20	Age	^{Years} 78	^{Months} 1 ^{Days} 20
Sex	Male	Color or Race	White	Birth-place	Maryland
Married, Single or Widowed	Married		Occupation	Farmer	
Name of Wife or Husband	Rebecca L Slater				
Father's Name	James Spencer			Father's Birthplace	Maryland
Mother's Maiden Name	Nancy Brooks			Mother's Birthplace	Id.
Name of person giving information	William Spencer			How related to deceased	Son

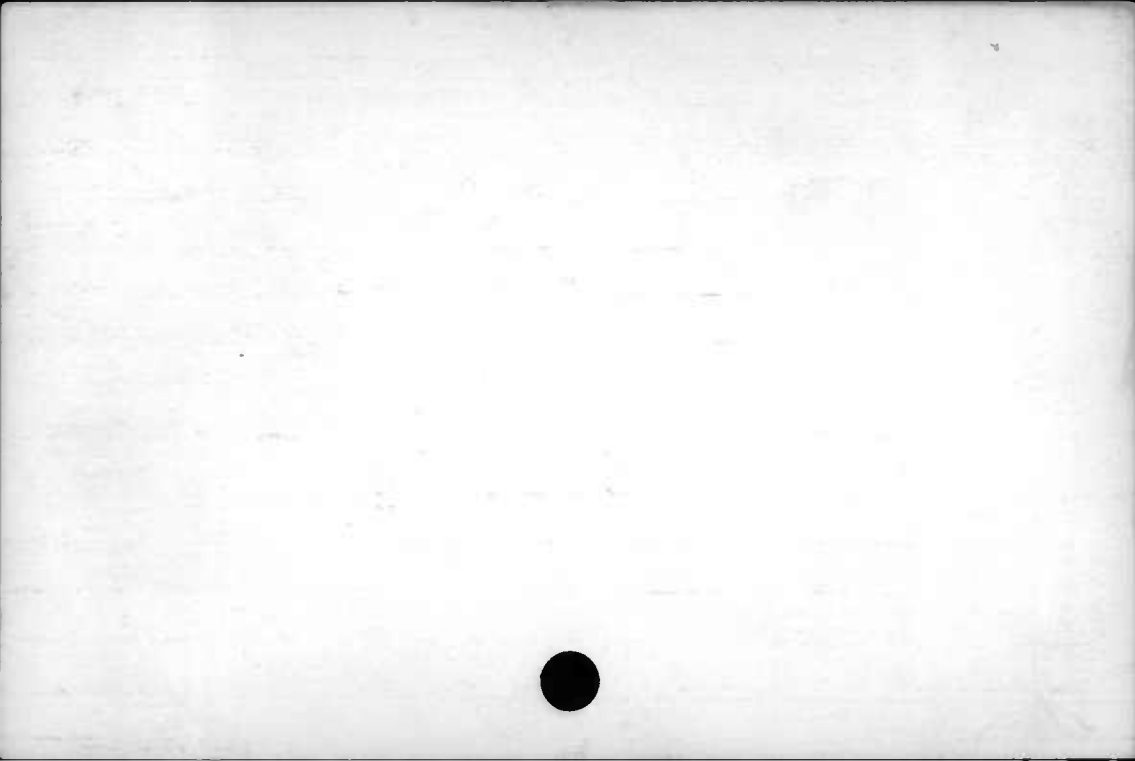
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Myocarditis	How long	2 or 3 yrs
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Jos. J. Herring
		Address	Westminster, Md
Accident or Suicide?			



Name in Full		Annie Starnes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Near Westminster</i>		Town <i>barroll</i>		County		MARYLAND
	Date of death <i>1905</i>		Month <i>April</i>	Day <i>27</i>	Age <i>59-</i>	Months <i>8.</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>barroll Co</i>		
	Occupation <i>Housewife</i>		Where Residing if not at place of death				
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Calvin Starnes</i>				
	Father's Name <i>David Birle</i>		Father's Birthplace <i>barroll Co</i>				
	Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Ill</i>				
	Name of person giving information <i>Calvin Starnes</i>		How related to deceased <i>Husband</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Diabetes Mellitus</i>		How long <i>Over 10</i>				
	Immediate <i>Pneumonia</i>		How long				
	Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. J. Haring</i>				
			Address <i>Westminster, Md</i>				
	Accident or Suicide? <i>2</i>						



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Westminster</i> <small>Town</small>		County <i>Carroll</i>	
		Date of death 190 <i>5</i> <small>Month</small> <i>April</i> <small>Day</small> <i>15</i>		Age <i>64</i> <small>Years</small>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>	
		Name of Wife or Husband <i>—</i>		Birth-place <i>Maryland</i>	
		Father's Name <i>Leammis Stuller</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Elizabeth Anderson</i>		Mother's Birthplace <i>Ido</i>			
Name of person giving information <i>Jane Stuller</i>		How related to deceased <i>Sister</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Bright's Dis. & Dilated Heart</i>		How long <i>Several years.</i>	
		Immediate <i>Uremia</i>		How long <i>2 days</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. C. Woodward</i>	
		Address <i>Westminster, Md.</i>			
Accident or Suicide? <i>—</i>					

Meadow Brook

Name
in
Full

William Uhler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patterson</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death 190	<i>5</i> month <i>4</i>	Day <i>3</i>	Age <i>86</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Ind</i>			
Married, Single or Widowed <i>widowed</i>		Occupation <i>retired Farmer</i>			
Name of Wife or Husband _____					
Father's Name <i>John Uhler</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name _____			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Harry C Stull</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

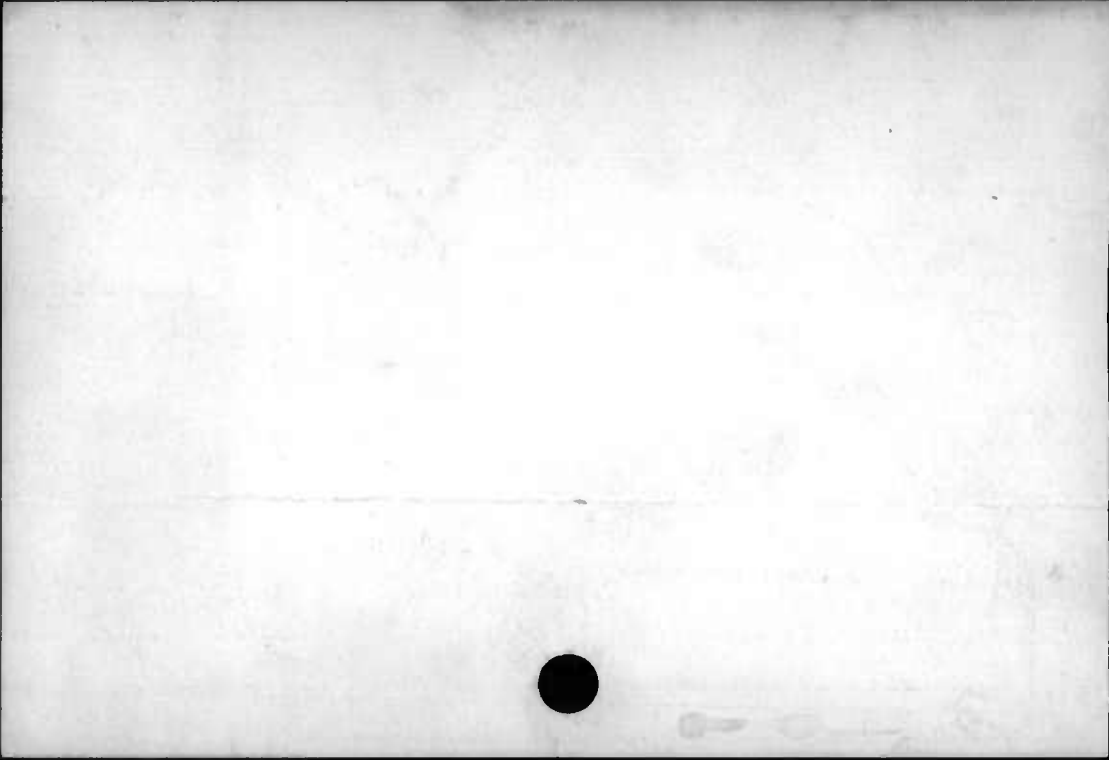
Primary <i>old age</i>	How long <i>year</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Gas H. Wilson**Lowblisby Ind*~~Accident or Suicide?~~PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Robert H. Walden No. 114

Town

County

Died at

Middletown

Carroll

MARYLAND

Date 189

1905

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Caroline Walden

Father's

Name

Bro. Walden

Mother's

Name

Marjella Puckert Walden

Cause of

Primary

Pneumonia

How long sick

13 3 wks

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

W. L. Lumbkin Brown

Address

Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79



Name in Full

Certificate of Death

No 111

Martha Wolfe

Town

County

Died at

MARYLAND

Date 1905 Month 4 Day 11 Age 9 Y. M. D. Native of Md Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife Winfield Scott Wolfe

Father's Name

Mother's

Maiden Name

Medita Wolfe

Cause of Death { Primary Saw only termination of disease which was probably typhus fever - Immediate

How long sick 4 mos -

Accident, Suicide, Homicide

Reported by

Dr. Geo Brown

Address

New Window

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

WMB

LIBRARY BUREAU, 79898

